IOWA HHS

Iowa Respiratory Virus Surveillance Report

For MMWR week 31 (July 30, 2023 - August 5, 2023)



All data presented in this report are provisional and may change as additional reports are received .

See the Survillance Methods page for a detailed description of each component of the lowa respiratory virus surveillance system including methodology and definitions.

QUICK STATS FOR WEEK 31

Visit https://hhs.iowa.gov/influenza/reports to subscribe to weekly email reports

INFLUENZA

Overall Influenza Activity: Low

Lab Survey Flu Positive % (PCR and Ag)

1.1%

Predominant Flu at SHL

Long Term Care

Flu Outbreaks

0

(3 weeks)

B - Victoria

Flu Hospitalizations -All Iowa Hospitals (Week 30)

0

Flu Deaths **Cumulative 2022-23**

Outpatient

ILI%

0.83%

144

COVID-19 ER Visits - Syndromic

Surveillance

221

COVID-19

Overall COVID-19 Activity: Low

Lab Survey **COVID-19 Positive %** (PCR and Ag)

11.4%

COVID-19 Hospitalizations -All Iowa Hospitals (Week 30)

36

Predominant COVID Lineage (4 weeks)

XBB.1.5

COVID-19 Deaths Cumulative 2022-23

822

OTHER RESPIRATORY VIRUSES

Top 3 Pathogen Groups by Positive Percent on Respiratory Virus Survey - Molecular Only

Rhinovirus/Enterovirus

Percent Positive for Current Week

COVID-19 10.9%

21.7%

Adenovirus 4.5%

Positive Percent by Week



10/8/2022 8/5/2023

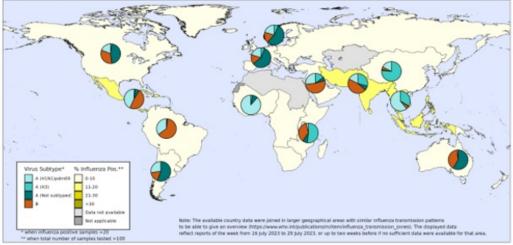
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INTERNATIONAL INFLUENZA ACTIVITY SUMMARY - WHO

Percentage of respiratory specimens testing positive for influenza, by influenza transmission zone¹. Map generated on 04 August 2023.

zone¹. Map generated on 04 August 2023.
Percentage of respiratory specimens that tested positive for influenza By influenza transmission zone

Map generated on 04 August 2023

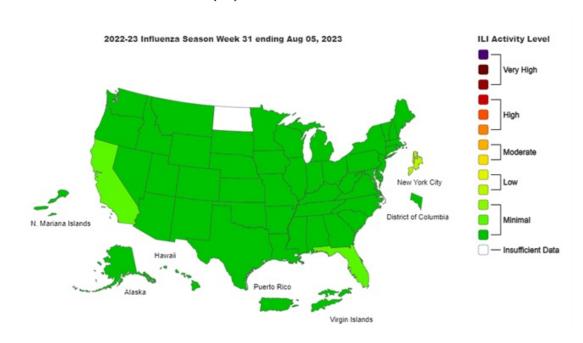


The boundaries and numes shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on m represent approximate border lines for which there may not yet be full agreement.

Data source: Global Influenza Surveillance and Response System (GISRS), Fluffet (www.who.int/tools/flunet Copyright WHO 2023, All rights reserved. World Health Organization

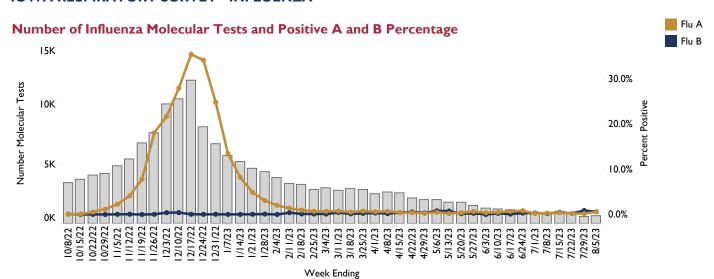
 $\label{lem:decompose} \textbf{Data Source: Global Influenza and Response System (GISRS), FluNet (www.who.int/flunet).} \\ \text{$\tt https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update} \\ \text{$\tt https://www.who.int/teams/global-influenza-update} \\$

NATIONAL INFLUENZA LIKE ILLNESS (ILI) - CDC

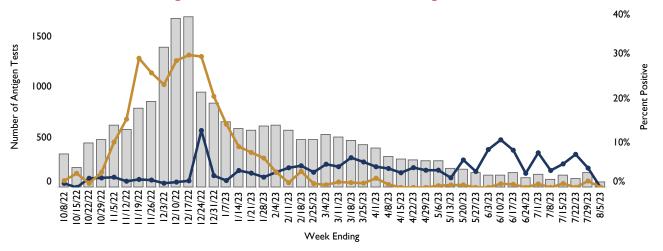


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IOWA RESPIRATORY SURVEY - INFLUENZA



Number of Influenza Antigen Tests and Positive A and B Percentage



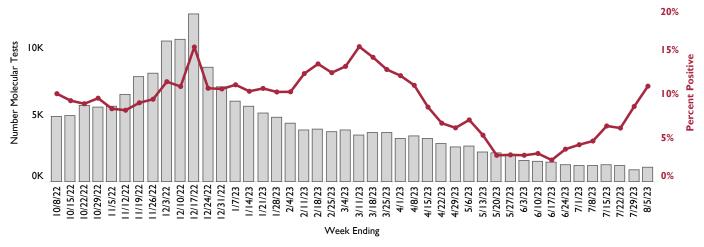
Flu Tests by Region - Current Week

Flu Region Text	Number Positives	Number Tests	Percent Positive
I-C	I	273	0.4%
2-NE	3	88	3.4%
3-NW	I	29	3.4%
4-SW	0	20	0.0%
5-SE	0	42	0.0%
6-E	3	262	1.1%
Total	8	714	1.1%

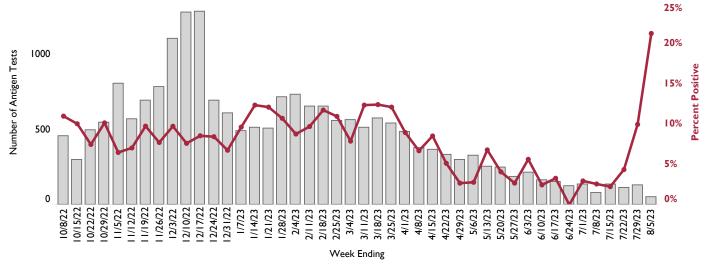
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IOWA RESPIRATORY SURVEY - COVID-19

Number of COVID-19 Molecular Tests and Positive Percentage



Number of COVID-19 Antigen Tests and Positive Percentage



COVID-19 Tests and Positivity by Region - Current Week

Flu Region Text	Number Positives	Number Tests	Percent Positive
I-C	51	422	12.1%
2-NE	7	67	10.4%
3-NW	8	41	19.5%
4-SW	2	35	5.7%
5-SE	5	49	10.2%
6-E	55	513	10.7%
Total	128	1,127	11.4%

For MMWR week 3 I (July 30, 2023 - August 5, 2023)

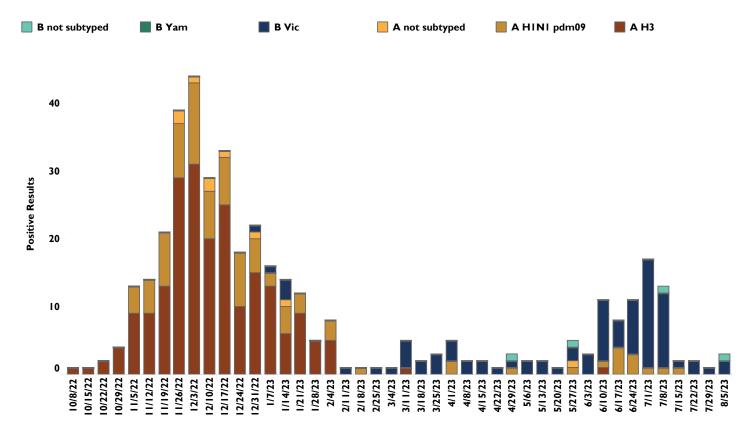
INFLUENZA TESTING AT THE STATE HYGIENIC LABORATORY (SHL)

Cumulative Influenza Viruses Detected by SHL by Age Group (10/3/2021 - Current Week)

	Influenza B							
Flu Lab Age Group	A not subtyped	A HINI pdm09	А Н3	Total	B not subtyped	B Vic	B Y am	Total
0-4	0	10	37	47	0	21	0	21
5-17	3	23	58	84	3	12	0	15
18-24	0	8	28	36	0	7	0	7
25-49	1	23	32	56	0	46	0	46
50-64	2	11	12	25	1	3	0	4
65 and over	3	17	42	62	0	1	0	1
Unknown	0	0	0	0	0	0	0	0
Total	9	92	209	310	4	90	0	94

Table Note: Only lowa residents are included. Specimens listed as "not subtyped" may be pending or were not able to be subtyped due to weak positive lab results. This can be due to poor collection, timing of collection or stage of infection.

Influenza Viruses Detected by SHL by Week (10/3/21 - Current Week)

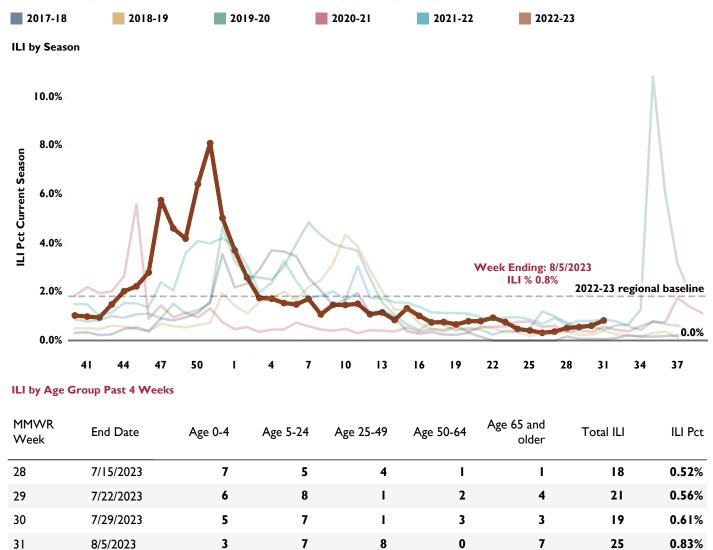


SHL Flu Testing Note: The State Hygienic Laboratory (SHL) is the primary laboratory in lowa characterizing specimens for influenza surveillance. SHL reports the number of tests performed and the type and subtype/lineage of positive tests to the influenza surveillance network daily. SHL also sends a portion of specimens to CDC for further characterization.

For MMWR week 31 (July 30, 2023 - August 5, 2023)

OUTPATIENT HEALTH CARE PROVIDER SURVEILLANCE PROGRAM (ILINET)

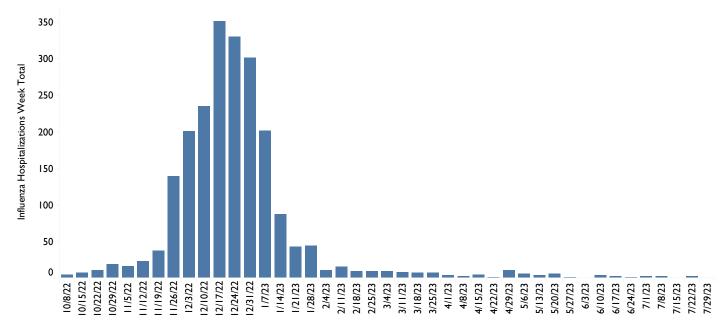
Percent Of Outpatient Visits Attributed to Influenza-like Illness (ILI) as Reported by ILINet Sites



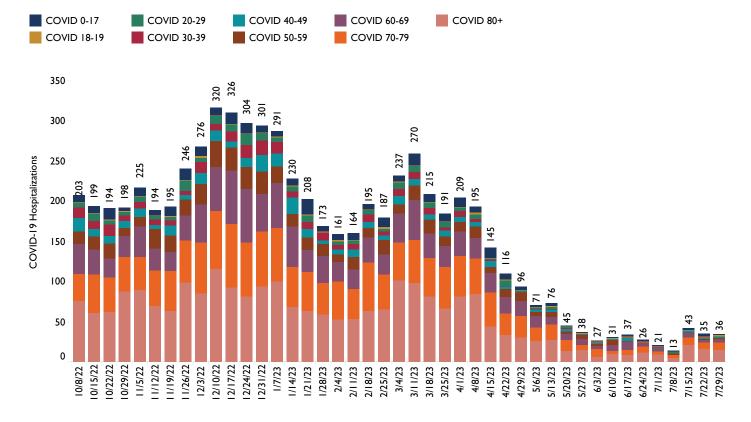
Outpatient ILI Note: Outpatient health care providers who participate in the ILINet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week. The ILI Definition changed in 2021-22 so that persons with ILI symptoms (cough, sore throat, fever) will be counted even if positive for other respiratory illness (e.g., COVID-19) which makes comparison across seasons difficult.

For MMWR week 3 I (July 30, 2023 - August 5, 2023)

Influenza Hospitalizations by Week at Iowa Hospitals - HealthData.gov



COVID-19 Hospitalizations by Week - HealthData.gov

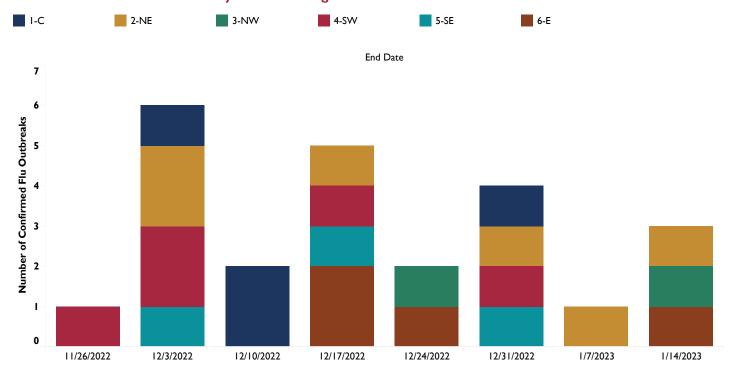


Visit the following site for more information on the dataset used to create these visualizations: https://healthdata.gov/Hospital/COVID-19-Reported-Patient-Impact-and-Hospital-Capa/g62h-syeh

For MMWR week 3 I (July 30, 2023 - August 5, 2023)

CONFIRMED LONG TERM CARE FACILITY INFLUENZA OUTBREAKS

Confirmed Influenza Outbreaks by Week and Region



Long Term Care Facility Outbreaks Note: A confirmed influenza outbreak in a care facility is defined as at least two residents with lab-confirmed influenza in the same area of a facility having an illness onset within 72 hours of each other.

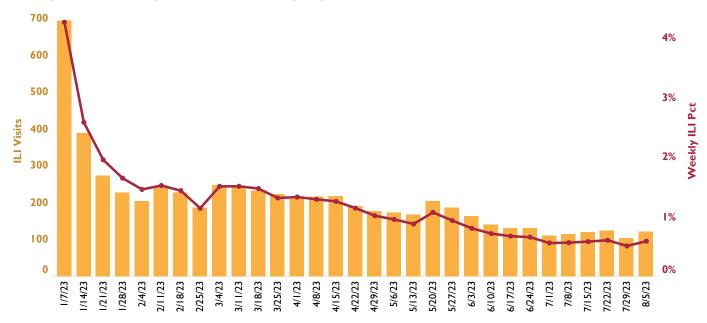
Confirmed Long Term Care Influenza Outbreaks by Region

Iowa Flu Region	Outbreaks Current Week	Outbreaks Cumulative
I-C	0	4
2-NE	0	6
3-NW	0	2
4-SW	0	5
5-SE	0	3
6-E	0	4
Total	0	24

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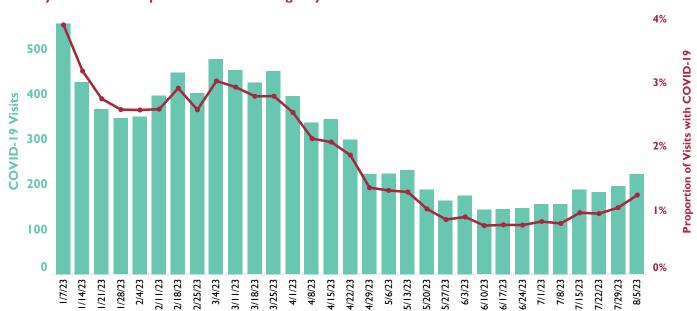
IOWA SYNDROMIC SURVEILLANCE PROGRAM

Weekly Count and Proportion of Iowa Emergency Room Visits for Influenza-like Illness



ILI Percent Definition: Proportion of lowa residents with influenza-like illness by chief complaint or discharge diagnosis as a proportion of all lowans visiting participating lowa emergency rooms with a valid chief complaint or discharge diagnosis.

Weekly Count and Proportion of Iowa Emergency Room Visits for COVID-19



COVID Definiton: Weekly count of lowa residents visiting participating lowa emergency rooms and who had a COVID-19 discharge diagnosis. Proportion of COVID-19 visits uses the weekly count defined above as the numerator and the total of all lowans visiting participating lowa emergency rooms with any valid discharge diagnoses.

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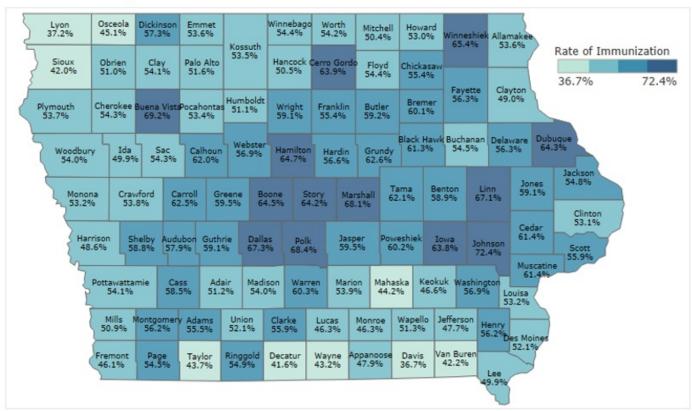
Percent of Iowa Residents Fully Vaccinated for COVID-19 by County

COVID-19 Vaccination Rates

Age Group: All

Vaccine Status: Fully Vaccinated

Reported in IRIS as of 6/30/2023



State of Iowa

Age Group: All

Vaccine Status: Fully Vaccinated

Rate of Immunization	60.3%
# of Immunized Patients	1,906,452
Census Population Estimate	3,163,561
Number of Monovalent Boosters	1,372,847
Number of Bivalent Doses	642,319

Selected Counties

Age Group: All

Vaccine Status: Fully Vaccinated

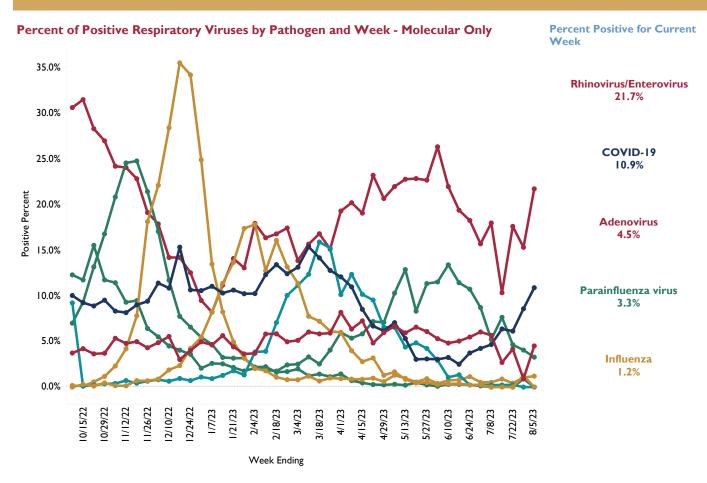
60.3%
1,906,452
3,163,561
1,372,847
642,319

Data source: https://tracking.idph.iowa.gov/Health/Immunization/covid-19-vaccine/data

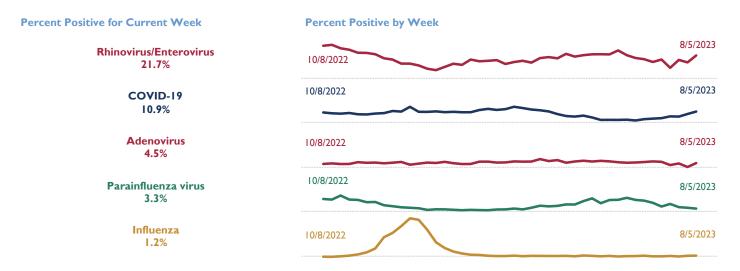
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IOWA RESPIRATORY VIRUS SURVEY

Pathogens are grouped together if even if reported to lowa HHS as separate types or subtypes (e.g., Parainfluenza Viruses 1, 2, 3, and 4). Only pathogens with at least one positive result this season are shown.



Top 5 Pathogen Groups by Positive Percent on Respiratory Virus Survey - Molecular Only



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REPORT METHODS, DEFNITIONS AND DATA SOURCES

NATIONAL INFLUENZA LIKE ILLNESS (ILI) - CDC

The CDC national ILI map shows influenza-like illness, which is determined by symptoms such as fever, cough, and sore throat that can be caused by a number of pathogens in addition to influenza (e.g., COVID-19). Detailed information can be found online at www.cdc.gov/flu/weekly/.

IOWA RESPIRATORY SURVEY

lowa HHS and SHL run a weekly web-based survey program where laboratorians report the number of influenza, COVID-19 and other respiratory virus tests performed, the testing method (molecular, antigen, or virus isolation) and the number of positive tests.

INFLUENZA TESTING AT THE STATE HYGIENIC LAB

The State Hygienic Laboratory (SHL) is the primary laboratory in lowa characterizing specimens for influenza surveillance. SHL reports the number of tests performed and the type and subtype/lineage of positive tests to the influenza surveillance network daily. SHL also sends a portion of specimens to CDC for further characterization.

OUTPATIENT HEALTH CARE PROVIDER SURVEILLANCE PROGRAM (ILINET)

Outpatient health care providers who participate in ILINet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week.

INFLUENZA AND COVID-19 HOSPITALIZATIONS - US HHS

lowa hospital report COVID-19 hospitalization data to the US Department of Health and Human Services, which includes several questions about influenza hospitalizations. Visit the following site for more information on the dataset used to create this visualization: https://healthdata.gov/Hospital/COVID-19-Reported-Patient-Impact-and-Hospital-Capa/g62h-syeh

INFLUENZA AND COVID-19 DEATHS:

The lowa HHS Center for Acute Disease Epidemiology works with the Bureau of Health Statistics to monitor mortality among lowa residents related to Influenza and COVID-19. Deaths are considered to be influenza-associated when influenza is listed on the death certificate. COVID-associated deaths are determined by diagnosis codes listed on the death certificate.

Both Influenza and COVID-19 death totals are cumulative from the start of the fllu season (October 2, 2022 through the end or the current reporting week).

LONG TERM CARE FACILITY INFLUENZA OUTBREAKS

A confirmed influenza outbreak in a care facility is defined as at least two residents with lab-confirmed influenza in the same area of a facility having an illness onset within 72 hours of each other.

IOWA SYNDROMIC SURVEILLANCE

lowa HHS, CyncHealth Iowa and CDC started implementing syndromic surveillance for the state of Iowa in May 2021. Iowa continues to enroll hospitals to participate and currently has over 70 hospitals participating. Syndromic surveillance provides public health with a near real time system for detecting, understanding, and monitoring health events based on symptoms and diagnoses of patients visiting participating hospitals.

INFLUENZA AND COVID-19 IMMUNIZATIONS

Seasonal influenza vaccination data in Iowa is based on doses reported to the Iowa Immunization Registry Information System (IRIS) for Iowans. IRIS is a confidential, computerized, population-based system that tracks immunization for children, adolescents and adults who are seen at public and private healthcare provider sites throughout the state of Iowa. The data for the current influenza season is updated weekly and there may be a lag between the vaccine administration date and the date reported to IRIS.

COVID-19 vaccine data is also based on doses data reported to IRIS, but the COVID-19 vaccine data is updated monthly.